

CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Marketplace Public Use Files (Marketplace PUF) Data Dictionary for Benefits and Cost Sharing PUF

1. Overview of the Benefits and Cost Sharing PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) is releasing the Marketplace PUF in order to improve transparency and increase access to the Marketplace data. The Marketplace PUF includes data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered in states with Federally-facilitated Marketplaces (FFM), which include states with State Partnership Marketplaces (SPM), Federally-facilitated Small Business Health Options Programs (FF-SHOP) and State-based Marketplaces (SBM) that rely on the federal information technology platform for QHP eligibility and enrollment functionality. The Marketplace PUF also includes data on Multi State Plans (MSPs). The Marketplace PUF does not include data from SBMs that do not rely on the federal platform for QHP eligibility and enrollment functionality.

The Benefits and Cost Sharing PUF (BenCS-PUF) is one of the seven files that make up the Marketplace PUF. The BenCS-PUF contains plan-level data on essential health benefits, coverage limits, and cost sharing for each QHP and SADP. These data either originate from the Plans & Benefits template (i.e., template field), an Excel-based form used by issuers to describe their plans in the QHP/SADP application process, or were generated by CCIIO for use in data processing (i.e., system-generated).

This data dictionary describes the variables contained in the BenCS-PUF. Each record relates to the coverage of a single benefit by one issuer's insurance plan.

2. Variable Attributes

<i>Variable Name:</i>	BusinessYear
<i>Variable Definition:</i>	Year for which plan provides coverage to enrollees
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Business Year
<i>Allowable Values:</i>	2014 2015
<i>Data Source:</i>	System-generated field
<i>Field Name from Data Source:</i>	Business Year
<i>Comments:</i>	N/A

<i>Variable Name:</i>	StateCode
<i>Variable Definition:</i>	Two-character state abbreviation indicating the state where the plan is offered
<i>Data Type:</i>	Text

<i>Variable Label:</i>	State Code
<i>Allowable Values:</i>	All 50 state abbreviations + 9 territory abbreviations
<i>Data Source:</i>	System-generated field
<i>Field Name from Data Source:</i>	State Code
<i>Comments:</i>	N/A
<i>Variable Name:</i>	IssuerId
<i>Variable Definition:</i>	Five-digit numeric code that identifies the issuer organization in the Health Insurance Oversight System (HIOS)
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Issuer ID
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	System-generated field
<i>Field Name from Data Source:</i>	Issuer ID
<i>Comments:</i>	N/A
<i>Variable Name:</i>	SourceName
<i>Variable Definition:</i>	Categorical identifier of source of data import
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Source Name
<i>Allowable Values:</i>	HIOS SERFF OPM
<i>Data Source:</i>	System-generated field
<i>Field Name from Data Source:</i>	Source Name
<i>Comments:</i>	N/A
<i>Variable Name:</i>	VersionNum
<i>Variable Definition:</i>	Integer value for version of data import
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Version Number
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	System-generated field
<i>Field Name from Data Source:</i>	Version Number
<i>Comments:</i>	N/A
<i>Variable Name:</i>	ImportDate
<i>Variable Definition:</i>	Date of data import
<i>Data Type:</i>	Date/Time
<i>Variable Label:</i>	Import Date
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	System-generated field
<i>Field Name from Data Source:</i>	Import Date
<i>Comments:</i>	N/A

<i>Variable Name:</i>	IssuerId2
<i>Variable Definition:</i>	Five-digit numeric code that identifies the issuer organization in HIOS
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Issuer ID
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	HIOS Issuer ID
<i>Comments:</i>	Equal to IssuerId field

<i>Variable Name:</i>	StateCode2
<i>Variable Definition:</i>	Two-character state abbreviation indicating the state where the plan is offered
<i>Data Type:</i>	Text
<i>Variable Label:</i>	State Code
<i>Allowable Values:</i>	All 50 state abbreviations + 9 territory abbreviations
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Issuer State
<i>Comments:</i>	Equal to StateCode field

<i>Variable Name:</i>	StandardComponentId
<i>Variable Definition:</i>	Fourteen-character alpha-numeric code that identifies an insurance plan within HIOS
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan ID
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	HIOS Plan ID (Standard Component)
<i>Comments:</i>	N/A

<i>Variable Name:</i>	PlanId
<i>Variable Definition:</i>	Seventeen-character alpha-numeric code that identifies an insurance plan's cost sharing reduction variant within HIOS
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan ID (Standard Component ID with Variant)
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	HIOS Plan ID (Standard Component + Variant)

<i>Comments:</i>	Character count includes '-'
<i>Variable Name:</i>	BenefitName
<i>Variable Definition:</i>	Name assigned to benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Benefit Name
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Benefits
<i>Comments:</i>	N/A
<i>Variable Name:</i>	CopayInnTier1
<i>Variable Definition:</i>	Dollar amount for In Network Copay for Tier 1 for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Copay In Network (Tier 1)
<i>Allowable Values:</i>	No Charge No Charge after deductible \$X Copay \$X Copay after deductible \$X Copay before deductible \$X Copay per Day \$X Copay per Stay
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Copay In Network (Tier 1)
<i>Comments:</i>	This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to each enrollee
<i>Variable Name:</i>	CopayInnTier2
<i>Variable Definition:</i>	Dollar amount for In Network Copay for Tier 2 for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Copay In Network (Tier 2)
<i>Allowable Values:</i>	No Charge No Charge after deductible \$X Copay \$X Copay after deductible \$X Copay before deductible \$X Copay per Day \$X Copay per Stay
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Copay In Network (Tier 2)
<i>Comments:</i>	This field is only required for covered benefits and plans with multiple in network

	tiers; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to each enrollee
<i>Variable Name:</i>	CopayOutofNet
<i>Variable Definition:</i>	Dollar amount for Out of Network Copay for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Copay Out of Network
<i>Allowable Values:</i>	No Charge No Charge after deductible \$X Copay \$X Copay after deductible \$X Copay before deductible \$X Copay per Day \$X Copay per Stay
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Copay Out of Network
<i>Comments:</i>	This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to each enrollee
<i>Variable Name:</i>	CoinsInnTier1
<i>Variable Definition:</i>	Numeric value for In Network Coinsurance percentage for Tier 1 for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Coinsurance In Network (Tier 1)
<i>Allowable Values:</i>	No Charge No Charge after deductible X% X% Coinsurance after deductible
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Coinsurance In Network (Tier 1)
<i>Comments:</i>	This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could contain a value; coinsurance amount applies to each enrollee
<i>Variable Name:</i>	CoinsInnTier2
<i>Variable Definition:</i>	Numeric value for In Network Coinsurance percentage for Tier 2 for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Coinsurance In Network (Tier 2)

<i>Allowable Values:</i>	No Charge No Charge after deductible X% X% Coinsurance after deductible
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Coinsurance In Network (Tier 2)
<i>Comments:</i>	This field is only required for covered benefits and plans with multiple in network tiers; field will usually be blank for benefits that are not covered but could contain a value; coinsurance amount applies to each enrollee
<i>Variable Name:</i>	CoinsOutofNet
<i>Variable Definition:</i>	Numeric value for Out of Network Coinsurance percentage for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Coinsurance Out of Network
<i>Allowable Values:</i>	No Charge No Charge after deductible X% X% Coinsurance after deductible
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Coinsurance Out of Network
<i>Comments:</i>	This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could contain a value; coinsurance amount applies to each enrollee
<i>Variable Name:</i>	IsEHB
<i>Variable Definition:</i>	Categorical indicator of whether benefit is considered an essential health benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	EHB Indicator
<i>Allowable Values:</i>	Yes blank
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	EHB
<i>Comments:</i>	Blank values are equivalent to No
<i>Variable Name:</i>	IsStateMandate
<i>Variable Definition:</i>	Categorical indicator of whether benefit is required by state
<i>Data Type:</i>	Text
<i>Variable Label:</i>	State Required Benefit Indicator
<i>Allowable Values:</i>	Yes

<i>Data Source:</i>	blank
<i>Field Name from Data Source:</i>	Template field
<i>Comments:</i>	State-Required Benefit Blank values are equivalent to No
<i>Variable Name:</i>	IsCovered
<i>Variable Definition:</i>	Categorical indicator of whether benefit is covered by the insurance plan
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is this Benefit Covered?
<i>Allowable Values:</i>	Covered Not Covered (or blank)
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Is this Benefit Covered?
<i>Comments:</i>	Blank values are equivalent to Not Covered
<i>Variable Name:</i>	QuantLimitOnSvc
<i>Variable Definition:</i>	Categorical indicator of whether benefit has a quantitative limit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Quantitative Limit on Service
<i>Allowable Values:</i>	Yes No (or blank)
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Quantitative Limit on Service
<i>Comments:</i>	This field is only required for covered benefits; blank values are equivalent to No
<i>Variable Name:</i>	LimitQty
<i>Variable Definition:</i>	Numeric value for coverage limit on the benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Limit Quantity
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Limit Quantity
<i>Comments:</i>	This field is required if QuantLimitOnSvc field equals Yes
<i>Variable Name:</i>	LimitUnit
<i>Variable Definition:</i>	The unit of measure for the coverage limit on the benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Limit Unit

<i>Allowable Values:</i>	Hours per week Hours per month Hours per year Days per week Days per month Days per year Months per year Visits per week Visits per month Visits per year Lifetime visits Treatments per week Treatments per month Lifetime treatments Lifetime admissions Procedures per week Procedures per month Procedures per year Lifetime procedures Dollar per year Dollar per visit Days per admission Procedures per episode
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Limit Unit
<i>Comments:</i>	This field is required if QuantLimitOnSvc field equals Yes
<i>Variable Name:</i>	MinimumStay
<i>Variable Definition:</i>	Numeric value for the minimum number of hours of in-patient care that a patient must be provided for this benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Minimum Stay
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Minimum Stay
<i>Comments:</i>	This field is optional; blanks indicate a value was not provided
<i>Variable Name:</i>	Exclusions
<i>Variable Definition:</i>	The list of services or diagnoses that are excluded from the benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Exclusions
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field

<i>Field Name from Data Source:</i>	Exclusions
<i>Comments:</i>	This field is optional; blanks indicate a value was not provided; field could be truncated at 256 characters if exported to Excel or Access

<i>Variable Name:</i>	Explanation
<i>Variable Definition:</i>	Notes provided to further clarify benefit coverage limits or exclusions
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Benefit Explanation
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Benefit Explanation
<i>Comments:</i>	This field is optional; blanks indicate a value was not provided; field could be truncated at 256 characters if exported to Excel or Access

<i>Variable Name:</i>	EHBVarReason
<i>Variable Definition:</i>	The justification for not using the prepopulated EHB benefit information from the template
<i>Data Type:</i>	Text
<i>Variable Label:</i>	EHB Variance Reason
<i>Allowable Values:</i>	Above EHB Substituted Substantially Equal Using Alternate Benchmark Other Law/Regulation Additional EHB Benefit Dental Only Plan Available
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	EHB Variance Reason
<i>Comments:</i>	This field is only required if the issuer made changes to the prepopulated template values

<i>Variable Name:</i>	IsSubjToDedTier1
<i>Variable Definition:</i>	Categorical indicator of whether the enrollee is required to pay a Tier 1 deductible for this benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is Subject to Deductible Tier 1
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field

<i>Field Name from Data Source:</i>	Subject to Deductible (Tier 1)
<i>Comments:</i>	N/A
<i>Variable Name:</i>	IsSubjToDedTier2
<i>Variable Definition:</i>	Categorical indicator of whether the enrollee is required to pay a Tier 2 deductible for this benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is Subject to Deductible Tier 2
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Subject to Deductible (Tier 2)
<i>Comments:</i>	N/A
<i>Variable Name:</i>	IsExclFromInnMOOP
<i>Variable Definition:</i>	Categorical indicator of whether the cost associated with this benefit is excluded from the in network maximum out-of-pocket payment total
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is Excluded from In Network MOOP
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Excluded from In Network MOOP
<i>Comments:</i>	N/A
<i>Variable Name:</i>	IsExclFromOonMOOP
<i>Variable Definition:</i>	Categorical indicator of whether the cost associated with this benefit is excluded from the out of network maximum out-of-pocket payment total
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is Excluded from Out of Network MOOP
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Excluded from Out of Network MOOP
<i>Comments:</i>	N/A
<i>Variable Name:</i>	RowNumber
<i>Variable Definition:</i>	Integer value for template row number associated with this data record
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Row Number
<i>Allowable Values:</i>	Free text



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<i>Data Source:</i>	System-generated field
<i>Field Name from Data Source:</i>	RowNumber
<i>Comments:</i>	Unavailable for some templates